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|---|----------------------|--|------------------|--|-------------------|--|---|
| Client No. 2036 | | Client Name 0.14 Metals | | Location 1002 Oswego, ST. UTICA, NY | | Date 4/26/87 | |
| Facility Equipment | Detax Clock ✓ | Weapon No. — | Holster — | Nightstick — | Raincoat ✓ | Flashlight ✓ | Other 3 Keys, Log Book & Phone |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | Officer—Day Shift (Name) Kenneth Felix | | Officer—Swing Shift (Name) otc Del Vecchio | | Officer—Grave Shift (Name) Robert Dealing | |
| Shift | | Shift | | Shift | | Shift | |
| Began 8 AM PM Ended 4 AM PM | | Began 4 AM PM Ended 12 AM PM | | Began 12 AM PM Ended 8 AM PM | | | |
| Observations or actions taken | | Explanation | | Explanation | | Explanation | |
| Rounds or stations missed | | ✓ | | ✓ | | ✓ | |
| Unlocked doors, gates or windows | | ✓ | | ✓ | | ✓ | |
| Unlocked vaults or safes | | ✓ | | ✓ | | ✓ | |
| Fire-smoke-or hazards | | ✓ | | ✓ | | ✓ | |
| 1. Extinguishers missing or defective | | ✓ | | ✓ | | ✓ | |
| 2. Sprinkler system defective | | ✓ | | ✓ | | ✓ | |
| 3. Fire doors or exits blocked | | ✓ | | ✓ | | ✓ | |
| 4. Rubbish accumulation | | ✓ | | ✓ | | ✓ | |
| 5. Motors running | | ✓ | | ✓ | | ✓ | |
| 6. Lights left burning | | ✓ | | ✓ | | ✓ AS required | |
| Injury hazards | | ✓ | | ✓ | | ✓ | |
| Visitors | | ✓ | | ✓ | | ✓ | |
| Trespassing | | ✓ | | ✓ | | ✓ | |
| Violation of company rules | | ✓ | | ✓ | | ✓ | |
| Remarks | | | | | | | |
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| IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. | | | | | | | |
| 1. Were you injured during this tour? | | Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No | | Swing Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No | | Grave Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/> 2. Yes No 3. Yes No | |
| 2. Did you suffer any illness? | | Yes <input checked="" type="radio"/> No <input type="radio"/> 3. Yes No | | Yes <input checked="" type="radio"/> No <input type="radio"/> 3. Yes No | | Yes <input checked="" type="radio"/> No <input type="radio"/> 3. Yes No | |
| 3. Have you reported all accidents coming to your attention? | | Yes <input checked="" type="radio"/> No <input type="radio"/> 3. Yes No | | Yes <input checked="" type="radio"/> No <input type="radio"/> 3. Yes No | | Yes <input checked="" type="radio"/> No <input type="radio"/> 3. Yes No | |
| Signatures | | Day Shift 1. Kenneth Felix | | Swing Shift 1. otc Del Vecchio | | Grave Shift 1. Robert Dealing | |
| Signatures | | 2. | | 2. | | 2. | |
| Signatures | | 3. | | 3. | | 3. | |
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